

2008 - Group Home Fishing Permit Applications
State of Maine, Department of Inland Fisheries & Wildlife
284 State Street, Station #41, Augusta, Me. 04333
Fax - 207-287-8094

Office use only

☐ New Applicant 1819 **No Fee** Moses ID _____

☐ Renewal Applicant Last year licensed _____ User ID# _____

User Type

Change

Administrator's Name _____ Date of Birth _____
last first mi

Facility/Home Name _____ Social Security #/Federal Id # _____

Mailing Address _____
street or box # town/city state zip code

Physical Address _____
street or box # town/city state zip code

Legal Residence (town) _____ Phone # _____
(state & zip code if different from above)

1. Licensed with the Dept of Human Services as _____
type of home
2. The Following Groups are eligible for this free permit. Circle the letter of the one which applies to your home:
 - A. Clients of the Department of Health and Human Services who reside in licensed facilities for persons with mental retardation or licensed facilities for the treatment of mental illness.
 - B. Groups of full-time patients at a nursing home, as defined in Title 22, Section 1812 - A.
 - C. Recipients of services provided by a facility licensed under Title 22, Chapter 1663.
 - D. Recipients of services provided by a facility licensed under Title 22, Section 3086.
3. Home is licensed under what Title, Section _____

Signature Administrator/Director

Date